



## Request to Review a Parking Citation

This form should be used only when there are unique or extenuating circumstances beyond the control of the motorist who has received a parking citation. For your request to be processed, you must provide information from the citation that was issued as well as an explanation of why you believe the citation should be voided. Incomplete or unreadable requests will not be processed. This form must be submitted within **30 days of the citation issue date**. If this request is not approved, you may appeal the citation in person at the AutoDesk on the 1<sup>st</sup> floor of the City-County Building.

Name: \_\_\_\_\_ Date of Request for Review: \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Citation #: \_\_\_\_\_ Citation Issue Date: \_\_\_\_\_ Parking Space #: \_\_\_\_\_  
{7 characters, top of citation} {4 digits, center of citation}

Do you prefer a response by mail \_\_\_\_\_ or email \_\_\_\_\_ Email Address: \_\_\_\_\_  
(If the citation is handwritten, please also provide a copy of the citation.)

### **Basis of Request**

Please indicate the basis for your request to review your citation by selecting **one** reason below. Then use the space on the following page to explain why you believe the citation should be voided.

**1. The meter or paybox was malfunctioning and did not accept payment.**

Please provide detailed description of applicant's experience with the meter or paybox on page two of this form. If Defendant used pay box, include pay box number which can be found on the citation.  
*Note: This does NOT imply that the potential malfunction will be validated upon researching the claim.*

**2. The meter or paybox was paid for at the time the citation was issued.**

Please provide proof of payment, such as credit card statement showing date of transaction or pay-by-phone confirmation notice. *Note: Providing proof of payment does NOT guarantee that this request will be approved in the event that applicant paid for the wrong space.*

**3. This is a duplicate ticket.**

The same car received more than one ticket for the same space within a four hour window for the same violation. Please provide citation numbers and space numbers for both citations.

**4. A valid placard or license was displayed and the vehicle was parked appropriately.**

This only applies if you had the required placard issued by the State or Consolidated City/County, or appropriate plate, license, and were parked according to the terms of the placard. Copy of placard or vehicle registration must be provided. For handicap plates and placards, documentation identifying the owner or holder of the placard or plate must also be provided, such as a copy of the receipt from the BMV. Applicant must include a written explanation of the location and purpose for which they were parked on page two of this form.

**5. The vehicle description on the citation does not match the plate number on the citation.**

Please provide the vehicle plate number, description and a copy of the vehicle registration.

**6. Vehicle or plate was stolen at the time when the citation was issued.**

Please provide a copy of the police report or a case number.

**7. The named individual on the citation is deceased**

Please provide documentation that the named individual was the sole registered owner of the vehicle referenced on the citation.

**<Please continue and provide additional information on page two, or your request will not be processed.>**

